Getting the right outcome for “000” patients:
Revising AV’s Operating Model

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Agenda

• AV’s Challenges
• Current Operating Model
• Revising Our Operating Model
  - what are we proposing?
  - what would it achieve?
Demand

Continuing growth for ambulance services over time
Utilisation vs. Performance

- Availability of ambulances to respond
AV’s challenges

• Rising Demand – Demand growth and ageing patients
• AV Performance - Availability of ambulances to respond
• Health System - ED delays, speciality care pathways
• Community Expectations - Reliance on 000 for most crises
• Workforce - Professionalisation, post organisational reforms
• Resourcing – “Operations Plans” mainly unfunded
• Finances - Demand diversion reduces revenue
AV’s Current Operating Model

- **Emerg Call taking & Dispatch**: 570,000 “000” cases (62.6%)
- **AV’s Referral Service**: 277,000 Non-Emerg cases (3.6%)
- **Emergency Services**: 531,000 cases
- **Alternative Care Services**: 30,825 cases
- **Non Emergency Services (Stretcher & Clinic Car)**: 286,000 cases (33.7%)

Total Caseload: ~850,000 cases
Current Referral Service

Suitable “000” Calls

Secondary Triage (Referral Service)

Alternative Care Services

Service:
- Self Care Advice
- ASP Attendance
- Self Presentation Advice
- NEPT Transport
- Emergency Transport

Location:
- Patient at home
- Health Service/Medical Facility
- Hospital ED

Patient at home

Health Service/Medical Facility

Hospital ED

Ambulance Victoria
Alternative Service Providers

• Extensive & diverse range of ASPs, incl:
  - Locums (out of hours)
  - Nurses
  - Mental health nurses
  - In reach programs (hospital medical/nursing responses)
  - Crisis Assessment Teams
  - Drug & Alcohol Counselling Services
  - Dental Services

• Patient will receive telephone contact in 1 hour, home consult & assessment, treatment within scope of practice, redirection if required

• All ASPs confirm attendance & outcome back to Referral
An Example

Patient in a Nursing Home with Blocked Catheter

Patient transported to Hospital ED

Subject to ED waiting, “quick fix”

Subject to 1-2 hr wait, patient returned home via NEPT ambulance

Patient passed to secondary triage

Private Nurse attends patient in 2 hours

✓ No Emerg ambulance req’d
✓ No NEPT ambulance req’d
✓ No ED consult req’d
✓ Patient more comfortable
✓ Patient not exposed to risk of infection in ED
✓ Continuum of care maintained
Referral has proven to be safe and effective
Our most common response

- 000 Call Taking
- Triage
- Dispatch

AV Emergency care & transport

Emergency Department
Our Current Model

- is focused on providing emergency response
- is expensive (need to keep ambulances available to meet response time targets)
- Relies on finite resources (paramedics), with long recruitment lead times
- mostly takes patients to Hospital EDs: contributes to hospital congestion & further reduces ambulance availability
- is financially unsustainable (significant cost of growth)
- doesn’t support quality patient outcomes at an efficient cost
Change is required

Emerg Services 62.6%

33.7%

Non-Emergency Services:
• More affordable service
• Expandable & available market

3.6%

Alternative Care Services
• More affordable service
• Increasing range of services & locations
• Improved information available
Improving the mgmt of “000” patients

Current AV Activity

Emergency Services (62.6%)

Non Emergency Services (33.7%)

Alternative Care Services (7%)

Patient at Home

Caring for the same patients more appropriately

Hospital EDs

Emergency Services (43%)

Non Emergency Services (50%)

Alternative Care Services (7%)

4 years
Key Features

1. Aligns patient’s needs with most appropriate clinical service
2. Enables better use of highly qualified (& expensive) paramedics for patients with highest medical need
3. Improves AV’s operational performance – our limited resources are more available
4. Aligns demand with the most cost effective service – improving AV’s financial viability
5. Assists with reducing hospital ED demand
6. Efficient operating model - KPI can be met more quickly and more affordably than current AV model
IDENTIFY PATIENT NEED
- Primary Triage
- Secondary Triage

IDENTIFY MOST APPROPRIATE SERVICE
Emerg/ Non-Emerg/Alternative Care?

SELECT BEST TRANSPORT PLATFORM
Emerg vs. Non-Emerg

1. IMPROVE TRIAGE CAPABILITY
2. INCREASE PATIENT PATHWAY & DESTINATION OPTIONS
3. IMPROVE SELECTION OF BEST TRANSPORT PLATFORM
1. Improving our Triage Capability

**Stage 1: Consolidate & Expand Secondary Triage**

- Increase “000” calls being passed through to Referral, for example
  - extend state-wide
  - new call types
  - Accept referrals from paramedics in the field

**Stage 2: Integrate Primary & Secondary Triage**

- Significantly revise & improve triage arrangements
- enable the appropriate care pathway to be identified at point of call (from life threatening to self care advice)
Changing Health Landscape

- Improvements to primary care environment occurring through Federal Government policy (National Health Reform)
- Health Direct Australia
  - 24x7 telephone advice (GP Advice Line)
  - National Health Services Directory
- Medicare Locals
  - 17 in Victoria
  - Co-ordinating local primary health care services
  - Identifying service gaps
2. Increase patient pathways & destinations

• Discussions with HDA underway to access GP Advice Line & Directory of Services through secondary triage process, to ensure these services available to “000” patients

• Discussions occurring with Medicare Locals about the potential for AV to interface with their networks, eg. for appropriate patients to be referred to GP clinics

• A range of new destinations may also be investigated:
  - GP SuperClinics
  - Specialist treatment centres (eg. family violence, drug & alcohol etc)
3. Selecting most appropriate transport platform

- Increasing Secondary Triage will increase AV’s ability to refer “000” patients to NEPT transport services.

- There will be a limit to how many patients can be referred to NEPT transport, given current regulatory framework & guidelines.

- Definition of non-emergency patients governed by the NEPT Act and Regulations, and embodied in the Clinical Practice Protocols (CPPs).

- AV will be seeking more flexibility in the CPPs to support “000” patients (of appropriate acuity) potentially being transported by NEPT resources.
Another (future) example

Patient has fractured neck of femur (fractured hip)

Patient phones “000”

Patient transported by Emerg Ambulance to Hospital ED

Patient passed to secondary triage

Patient allocated for NEPT transport

NEPT crew attend, provide pain relief & transport patient to Hospital ED within 1 hour

✔ No Emerg Ambulance dispatch req’d (& available for more critical case)

✔ Better (more timely) service for the patient
The patient’s perspective....

✓ Improved service:
  - more flexible
  - more timely
  - more targeted

✓ Continuum of care - consistency with existing arrangements & may inform future care

? New or different service experience - extended call, different platform, different fees?

? New or changed perception and understanding of Ambulance Victoria eg. what services we provide
A better range of services for “000” patients

- 000 Call Taking
- Triage
- Dispatch

Different transport

- Specialist Facility
- GP Super Clinic

No transport required

Emergency Department

Patient at Home eg. Locum doctor or nurse
Benefits

- Reduces “000” callers ‘defaulting’ into the emergency sector at high cost
- Reduces rate of growth for AV emergency activities
- Provides callers with better matched (targeted) care pathways
  - reducing likelihood of repeat 000 calls and ED presentations
  - supports speciality care pathways
- Improves responsiveness to most acute patients
- Improves AV operational and clinical performance at reduced cost of growth
  - reapportions current volumes (where clinically appropriate) from high cost emergency sector to lower cost NEPT and alternative services
In summary …..

Effective Identification of Patient Acuity

Most appropriate Service?
- Emergency Transport
- NEPT Transport
- Specialist Service
- GP Advice Line

Most appropriate Skill Set?
- ED Physician
- Locum (doctor or nurse)
- Specialist

Most appropriate location?
- At Home
- Specialist Facility
- GP Super Clinic
- Hospital ED

A more flexible & integrated model
Questions?